24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼		
Congressional Leadership Fund		
	C C00504530	
Check if 24-hour report X 48-hour report New report Am	nends report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination	
American Media & Advocacy Group	10 11 2016	
Mailing Address 815 Slaters Lane Amount		
City State Zip Code	927513.04	
Alexandria VA 22314	Transaction ID : 001 Date of Disbursement or Obligation	
Purpose of Expenditure Media placement Category/ Type	004 10 07 2016	
Name of Federal Candidate	Support Office Sought: House District: 08	
Nolan, Rick, , ,	Oppose President Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 927513.04	Disbursement For: Primary Seneral 2016	
rei Election for Office Sought	Other (specify) ▶	
Full Name of Payee DMM Media	Date of Public Distribution/Dissemination	
Mailing Address 1911 N. Fort Meyer Drive	10 11 2016	
Suite 400	Amount	
City State Zip Code	14928.67	
Arlington VA 22209	Transaction ID : 002	
Purpose of Expenditure	Date of Disbursement or Obligation	
Media production Category/ Type	004 10 11 2016	
Name of Federal Candidate	Support Office Sought: 🗶 House District: 08	
Notes Biok	Oppose President Senate State: MN	
Calendar Year-To-Date	Disbursement For: Primary X General	
Per Election for Office Sought 942441.71	1 0010	
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
	7 7 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Crosby, Caleb, , ,		
[Electronically Filed] Date 10 13 2016 Signature		
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	C C00504530
Check if 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee The Prosper Group	Date of Public Distribution/Dissemination
Mailing Address 435 East Main Street	10 11 2016 Amount
Suite 250	
City State Zip Code Greenwood IN 46143	83774.00 Transaction ID: 003
Purpose of Expenditure Media placement Category/ Type 004	Date of Disbursement or Obligation 10 11 2016
Name of Federal Candidate	Office Sought: House District: 08
Nolan, Rick, , , Support Oppose	Office Sought: ✓ House District: ✓ President Senate State: ✓ MN
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
DMM Media	10 11 2016
Mailing Address 1911 N. Fort Meyer Drive	Amount
Suite 400	
City State Zip Code Arlington VA 22209	2867.54 Transaction ID : 004
Purpose of Expenditure	Date of Disbursement or Obligation
Media production Category/ Type 004	10 13 / 2016
Name of Federal Candidate Support	Office Sought: House District: 08
Nolan, Rick, , ,	President Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 1029083.25	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	86641.54
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	1029083.25
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Crosby, Caleb, , , [Electronically Filed] Date Signature	10 13 2016